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Bib Data Sheet

CONFIRMATION NO. 9080

<b>SERIAL NUMBER</b> 10/776,020	<b>FILING OR 371(c) DATE</b> 02/09/2004 <b>RULE</b>	<b>CLASS</b> 604	<b>GROUP ART UNIT</b> 3761	<b>ATTORNEY DOCKET NO.</b> 064693-0102
<b>APPLICANTS</b> Ramez Emile Necola Shehada, La Mirada, CA;				
<b>** CONTINUING DATA *****</b> This appln claims benefit of 60/445,714 02/07/2003 and claims benefit of 60/453,009 03/06/2003 <i>verified RCH</i>				
<b>** FOREIGN APPLICATIONS *****</b>				
<b>IF REQUIRED, FOREIGN FILING LICENSE GRANTED ** SMALL ENTITY **</b> ** 05/06/2004				
Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no 35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after met Verified and Acknowledged <i>LC Miller</i> Allowance <i>RCH</i> Examiner's Signature Initials		<b>STATE OR COUNTRY</b> CA	<b>SHEETS DRAWING</b> 26	<b>TOTAL CLAIMS</b> 23 <b>INDEPENDENT CLAIMS</b> 4
<b>ADDRESS</b> MCDERMOTT, WILL & EMERY Suite 3400 2049 Century Park East Los Angeles, CA90067				
<b>TITLE</b> Surgical drain with sensors for monitoring fluid lumen				
<b>FILING FEE RECEIVED</b> 520	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit	